Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	05/30/2014	Street:	5535 S. C.R. 100 E.
Incident #:	14ISPC004486	Apt, Lot, Room #:	
County :	JENNINGS	City:	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
 ☐ Lab Seizure ☐ Chemical Seizure ☐ Equipment Seizure ☐ Dumpsite Seizure 		Residence Outbuilding Vehicle Other:	Business
Apt., hotel, r	nulti-family dwelling: Shared HVAC	: Yes No [Unknown
Items Found	: Location (bedroom, kitchen, open air, e	tc) (check all that ap	ply)
Red Phosy Hydrochlo GARAGE Flammable	or Birch Reaction(s): phorous/Iodine Reaction(s): oric Acid Gas Generator(s): <u>IN</u> le Solvents: active Metal (Lithium):	Anhydrous Ammonia: Corrosive Acid: Corrosive Base: Ammonium Nitrate/Sulfate: Other (item and location):	
Child under	age 18 discovered (check appropriate)		
 Yes 1 (number present) No Children not present but evidence they reside or visit often Living conditions of home: ☐ clean ☐ disarray ☐ unclean 		Estimated length of time manufacturing had been occurring: 1 TIME Additional Information: CHILD FREQUENTS GARAGE	
Vehicle, Tra	vel Trailer, RV or Watercraft Inforn	nation:	
Owner: VIN: Year:		Make: Model: Color:	
This report l	has been faxed* or emailed to the fol	lowing agencies t	hat serve the location:
Health Depar	ent: <u>LOVETT TWNSHP.</u> tment County: <u>JENNINGS CO.</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: 812- Fax: 812- ports@dcs.in.gov	-352-3030
For further information regarding this methamphetamine laboratory, contact Investigating Officer: TROOPER MARTIN A. MEAD Phone 812-689-5000			
*This form is to b	a favod to the Fire Department, Health Depart	mant and/or Danauton	ant of Child Complete listed within 24 hours of

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.